RI SOS Filing Number: 202104829370 Date: 11/4/2021 4:00:00 PM

	State of Rhode Island  Department of S	ta
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## ite - Business Services Division

Annual Report for the year: 2021 **Limited Liability Company** 

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
396246	S & S Ma	S & S Management, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island ENGAGE IN INVESTMENT, LEASING, OWNERSHIP, OPERATION AND MANAGEMENT OF RETAIL FOOD ESTABLISHMENT						
722310							
5. State of Formation	JOI KEYAII	- 1 000 1.31A	DEIOI IMILIA I				
Rhode Island							
6. Principal Office Address			City	State	Zip		
1401 Douglas Avenue			North Providence	RI	02904		
7. Mailing Address of Limited Lia		ny and Name or					
Contact Name Randall K. Scott			Contact Title Member				
Street Address 1401 Douglas Avenue			City North Providence	State RI	<sup>Zip</sup> 02904		
8. List ALL managers (names a	nd addresses	of the Limited L	iability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	1			Check the box to	indicate an attachment		
9. The Resident Agent informati	on currently o	record with the	RI Department of State is accurate	e. Changes requir	re filing Form 642.		
Under penalty of perjury, I de statements, and that all state			examined this report, including a true and correct.	ny accompanyir	ng schedules and		
Name of Authorized Person					Date		
RANDALL K. SCOTT					10/6/2021		
Signature of Authorized Persen	Medal	UK Sixt	t				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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